08 AUG 29 AM 10: 15

## FEC FORM 1

## STATEMENT OF ORGANIZATION

(See instructions)

Office use only

				ffice use only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
MCCONNELL SENATE	COMMITTEE '08			
ADDRESS (number and street)	PO BOX 1496			
(Check if address			<u> </u>	
is changed)	LOUISVILLE		LKY L	40201
COMMITTEE'S E-MAIL ADDRES	SS	CITY	STATE	ZIP CODE
llisker@hdafec.com		<u> </u>		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
		11111111		
	1111111	1111111		
COMMITTEE'S FAX NUMBER 2026241449				
2. DATE	5 / Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION NUMBER C C00193342				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	100	·
I certify that I have examined this Sta	tement and to the best of my kno	wledge and belief it is true, correct a	and complete	
Type or Print Name of Treasurer	Lisa Lisker		•	
Signature of Treasurer	inically Filed by Lisa Liske	r	Date M M M	, , , , , ,
NOTE: Submission of false, erroneou		v subject the person signing this Star TION SHOULD BE REPORTED		of 2 U.S.C. S437g.
Office Use Only FE3AN042.PDF		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

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**FEC ID number** 

FEC ID number

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FEC Form 1 (Revised 12/2007)

TYPE OF COMMITTEE (Check One)

Candidate Committee:

FEC Form 1 (Revis	sed 12/2007)				Page 3
Write or Type Committee N					
MCCONNELL SENA	ATE COMMITTEE '0	18			
6. Name of Any Connecte	ed Organization, Affilia	sted Committee, Leaders	ship PAC Sponsor or Joi	nt Fundrais	ing Representative
MCCONNELL MAJO	RITY COMMITTEE;	THE	1.11111		
	<u> </u>		11111		
Mailing Address	[	O BOX 75103			<u> </u>
	<u> </u>	/ASHINGTON			20013   _ [
		CITY	STA	TE 🛦	ZIP CODE
Relationship:		П		П	
Connected Organiz	zation Affilia	ated Committee L	eadership PAC Sponsor	X Joint	Fundraising Representative
Mailing Address					
	A	lexandria		<u>'A</u> _	22314
Title or Position ♥		CITY A	STA	TE&	ZIP CODE A
Assis	tant Treasurer		Telephone number	703	- <u>549</u> - <u>7705</u>
			al) of the treasurer of the	ne committ	ee; and the
name and address o	f any designated age	ent (e.g., assistant trea	asurer).		
Full Name of Treasurer La	arry J. Steinberg				
Mailing Address	1	2800 N. Meridian St.	Ste. 400		
		Carmel		<u>N</u>	46032 -
Title or Position ♥		CITY &	STA	ATE &	ZIP CODE &
Treas	surer		Talanhana number	317	_ 428 _ 6857
			Telephone number		

Page 4

22314 -

549

ZIP CODE A

7705

VA

STATE A

Telephone number

703

FEC Form 1 (Revised 12/2007)

**Assistant Treasurer** 

Lisa Lisker

228 S. Washington St., Ste. 115

CITY A

Alexandria

Full Name of Designated

**Mailing Address** 

Title or Position ¥

Agent

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safety deposit boxes or main Name of Bank, Depository, e		1	[ ADDITIONAL ]
Wach		'	,
Tracii.			
Mailing Address	1753 Pinnacle Dr.		
	McLean	VA	22102
101-1101	CITY A	STATE 4	ZIP CODE A
Name of Any Connected Or	ganization, Affiliated Committee, Leadership PAC Spons	or or Joint Fundraisi	[ ADDITIONA ing Representative
2008 SENATORS CLAS	SIC COMMITTEE		1 1 1 1 1 1 1
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	, ALEXANDRIA	I LYA L	22314
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Spons	or X Joint Fund	draising Representative
			[ ADDITIONAL ]
Designated Agent	h Davis		
Full Name			
Mailing Address	228 S. Washington St., Ste. 115		
	Alexandria	VA	22314 _
Title or Position ♥	CITY A	STATE &	ZIP CODE &
Assista	nt Treasurer Telephor	703 ne number	
Joint Fundraiser Participan	ıt		[ ADDITIONAL ]
Joint Fungraiser Particulan			

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safety deposit boxes or maintai Name of Bank, Depository, etc.			[ ADDITIONAL ]
BB&T			
Mailing Address	1909 K St., NW	1.1.1.1.	
	Washington	DC	20006
	CITY 🗖	STATE 4	ZIP CODE A
Name of Any Connected Orga	anization, Affiliated Committee, Leadership PAC Sponsor	or Joint Fundra	[ ADDITIONAL ] ising Representative
MCCONNELL/BOEHNER	COMMITTEE	1 1 1 1 1	
	<u> </u>	<u> </u>	
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	LVA	22124
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Sponsor	Joint Fu	indraising Representative
			[ ADDITIONAL ]
Designated Agent			
Designated Agent			
Full Name	<u>+                                    </u>		1-
1			1 1 1 1 1 1 1 1 1
Full Name		1 1 1 1	1 1 1 1 1 1 1 1
Full Name			<u> </u>
Full Name			
Full Name	CITY A		
Full Name	CITY &	STATE ▲	ZIP CODE A
Full Name	CITY &		
Full Name			ZIP CODE A



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United States Senate Post Office

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PAMELA B. GAVIN SUPERINTENDENT

MART SENATE OFFICE BUILDING
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PHONE: (202) 224-0322

## United States Senate

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